MEMORANDUM



TO:

Members, House Health Policy Committee

FROM:

Mary M. Murphy, BSN, CNOR **Director of Surgical Services**

DATE:

January 31, 2006

SUBJECT: House Bill 5544

Munson Medical Center's Position: Oppose

This bill if passed would significantly and adversely impact hospital operations in This bill would grant authority and responsibility for the hiring and credentialing criteria of surgical technologist in the state of Michigan to the Liaison Council on Certification (LCC) of surgical technologist and remove the authority from the hospital, physician, or other licensed health facility, where it belongs.

To begin with let me explain the role of the surgical technologist in the operating room. This individual stands next to the surgeon during an operation and hands the instruments & supplies to the surgeon as he asks for them. They assist the Registered Nurse in preparing the room for surgery. They are an important and integral part of the surgical team. This is a technical skill that can be taught in many different ways. There are different skill levels of these individuals that have nothing to do with a certification from the LCC. This I can speak to having been a Registered Nurse in the hospital operating room for 40 years. During the last 22 years I have been the Director of Surgery with 13 years in this role at Henry Ford Hospital in Detroit, 3 years at Mercy Hospital in Grayling and 6 years at Munson Medical Center in Traverse City. experience spans urban, rural, and community hospitals.

After March 1st of 2000 the LCC has only allowed surgical technologist to write the certification exam that have attended one of the approved training programs through an agency whose standards are set by the LCC. There are and will continue to be very qualified and competent surgical technologist who are trained in programs that are not approved through this agency. Examples of this would be hospital based job training programs and military programs such as non-accredited programs of the Army & Air Force. Interestingly on the LCC Web site, it states that certification is voluntary.

A "Grandfather" clause in this proposal would not be helpful since surgical technologists will continue to be trained in programs not acceptable to the LCC both in Michigan and the country. Hospitals should not have to petition the State and have to ask permission to hire what they deem as very qualified and competent individuals.

On November 17th 2005, House Bill 4403 was signed into law. The new law allows the health facility to establish the qualifications for surgical technologists. The Association of Surgical Technologists attempted to change the wording of the bill to reflect the wording that is now in House Bill 5544, but was unsuccessful last year. Thirty (30) Michigan Hospitals, the Michigan Hospital Association (MHA) and the Michigan State Medical Society (MSMS) opposed the surgical technologists wording then and would oppose it now.

I am the leader of the association of operating room managers of 26 hospitals in Northern Michigan and the Upper Peninsula and the passage of this bill would devastate their ability to have qualified and competent surgical technologist in their operating rooms.

Passing of this bill will not improve the quality of care for surgical patients. However, this bill would increase the cost of health care since it would cause a shortage of surgical technologist in the State of Michigan. It would prevent the hospital from hiring very qualified and competent surgical technologists from within Michigan and the country. I believe that there is only one state that requires this certification and understandably so. Fewer surgical technologists would be available which will increase wages and competition for the resource. It would force hospitals into using very costly agency staff or hire additional Registered Nurses in the operating room to perform this role.

Hospitals are under pressure on several fronts to cut expenses and increase revenues merely to fund existing operations. The proposed legislation severely restricts recruiting and the retention of existing employees. The costs to hospitals across Michigan would be substantial.

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